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PATENT 4501-1016

IN THE U.S. PATENT AND TRADEMARK OFFICE

In re application of

MAR-22-2006 15:23 FROM: YOUNG & HOMPSON

RECEIVED

Julia Hazel CAMPBELL et al.

Conf. No.: 9620

CENTRAL FAX CENTER

Serial No.: 10/530,209

Art Unit:

MAR 2 2 2006

Filed: April 4, 2005

THERAPEUTIC USES OF β -CASEIN A² AND DIETARY SUPPLEMENT CONTAINING β -CASEIN A²

SUBMISSION OF SUPPLEMENTAL DATA SHEET

Assistant Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

March 22, 2006

Sir:

Attached is a Supplemental Application Data Sheet in connection with the above-identified application, in which the Assignee's address has been updated.

Respectfully submitted,

YOUNG & THOMPSON

Benoît Castel

Reg. No. 35,041

745 South 23rd Street Arlington, VA 22202 703-521-2297 (telephone) 703-685-0573 (telecopier I) 703-979-4709 (telecopier II) BC:rk

CERTIFICATE OF TRANSMISSION: I, Roseanna Kaplan, hereby certify that this correspondence is being transmitted via telecopier to the U.S. Patent and Trademark Office on March 22, 2006.



Supplemental Application Data Sheet

Application Information

Application Number:: 10/530,209

Filing Date:: April 4, 2005

Application Type:: Regular Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None Computer Readable Form (CRF):: No

Number of copies of CRF::

Title:: Therapeutic uses of β -casein A^2

AND DIETARY SUPPLEMENT CONTAINING β-CASEIN A²

Attorney Docket Number:: 4501-1016

Request for Early No

Publication?::

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 4

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency:: Contract or Grant Numbers::

Secrecy Order in Parent No

Appl.?::

Page 1

Supplemental 3/22/06 Serial No. 10/530,209



Applicant Information

Applicant One Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: JULIE

Middle Name:: HAZEL

Family Name:: CAMPBELL

Name Suffix::

City of Residence:: BROOKFIELD

State or Province of QUEENSLAND

Residence::

Country of Residence:: AUSTRALIA

Street of Mailing 181 SAVAGES ROAD

Address::

City of Mailing Address:: BROOKFIELD

State or Province of Mailing Address:: QUEENSLAND

Country of Mailing Address:: AUSTRALIA

Postal or Zip Code of Mailing Address:: 4069



Applicant Two Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: KRISTY
Middle Name:: ANN

Family Name:: TAILFORD

Name Suffix::

City of Residence:: CARSELDINE
State or Province of QUEENSLAND

Residence::

Country of Residence:: AUSTRALIA

Street of Mailing 15 DALWOOD STREET

Address::

City of Mailing Address:: CARSELDINE

State or Province of Mailing Address:: QUEENSLAND

Country of Mailing Address:: AUSTRALIA
Postal or Zip Code of Mailing Address:: 4034

Page 3

Supplemental 3/22/06 Serial No. 10/530,209



Applicant Three Authority Type:: Inventor

Primary Citizenship Country::

Status:: Deceased Inventor

Given Name:: CORRAN

Middle Name:: NORMAN STUART

Family Name:: MCLACHLAN

Name Suffix::

City of Residence:: DEVONPORT
State or Province of AUCKLAND

Residence::

Country of Residence:: NEW ZEALAND

Street of Mailing 29 SUMMER STREET

Address::

City of Mailing Address:: DEVONPORT

State or Province of Mailing Address:: AUCKLAND

Country of Mailing Address:: NEW ZEALAND

Postal or Zip Code of Mailing Address::



Applicant Four Authority Type:: Legal Representative

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: ULRIKE

Middle Name::

Family Name:: MCLACHLAN

Name Suffix::

City of Residence:: DEVONPORT
State or Province of AUCKLAND

Residence::

Country of Residence:: NEW ZEALAND

Street of Mailing 29 SUMMER STREET

Address::

City of Mailing Address:: DEVONPORT

State or Province of Mailing Address:: AUCKLAND

Country of Mailing Address:: NEW ZEALAND

Postal or Zip Code of Mailing Address::



Correspondence	Information
CATTESPORTER	INICIMATION

Correspondence Customer

00466

Number::

Representative Information

Representative Customer	00466	
Number:;		

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This application	National Stage of	PCT/NZ2003/000222	10/3/03

Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::
NEW ZEALAND	521955	10/4/02	Yes
-			

Assignment Information

Assignee Name::

A2 CORPORATION LIMITED

Street of Mailing

LEVEL 5, 235 BROADWAY, NEWMARKET

Address::

City of Mailing Address::

AUCKLAND

State or Province of Mailing Address::

Country of Mailing Address::

NEW ZEALAND

Postal or Zip Code of Mailing Address::

Page 6

Supplemental 3/22/06 Serial No. 10/530,209